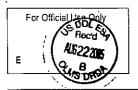
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



٦)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 12.766	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name DANIEL P MURPHY	Name PLUMBERS & PIPEFITTERS LOCAL 562
	Labor Organization File Number 035-932
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 441 MUIRFIELD DRIVE	Street 12385 LARIMORE ROAD
City ST. CHARLES	City ST. LOUIS
State Missouri ZIP Code + 4 63304	State Missouri ZIP Code + 4 63138
5. Position in labor organization. BUSINESS AGENT/PRESIDENT	
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
	7.a. Nature of Interest, Transaction, or Income.
6. Name and address of Employer (including trade name, if any).	
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	7.b. Amount.
City	
State ZiP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Warie D. Men b	On 15 aug 01 314-355-1000
The part of the state of the st	Date Telephone Number
Form LM-30 (2003)	Page 1 of 2

Name of Person Filing DANIEL MURPHY	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name BARTLEY GOFFSTEIN LLC Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 4399 LACLEDE AVE City ST. LOUIS State Missouri ZIP Code + 4 63108 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any:	9. Business deals with: X a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing. DINNER	
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$6.4 12.a. Nature of interest held or income received.	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	